



BUSINESS LICENSE COMMISSION
COUNTY OF LOS ANGELES
374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



February 22, 2011

Malibu Café, LLC
Kambiz Hakim
Malibu Inn
22969 Pacific Coast Hwy
Malibu, CA 90265

MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
DIANA WOOD
SECRETARY
JAMES BARGER
COMMISSIONER
SARA VASQUEZ
COMMISSIONER

HEARING ON APPLICATION FOR ANNUAL DANCE/ENTERTAINMENT-GEN.
W/DANCE BUSINESS LICENSE ID #136129

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, March 2, 2011 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Twila P. Kerr
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....MALIBU SURFSIDE NEWS

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....01/27/2011
2ND PUBLISHING DATE:.....02/03/2011
3RD PUBLISHING DATE:.....02/10/2011

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

ANNUAL DANCE / ENTERTAINMENT-GEN. W/DANCE

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....22969 PACIFIC COAST HWY
MALIBU, CA 90265
NAME OF APPLICANT:.....MALIBU INN / KAMBIZ HAKIM
MALIBU CAFÉ, LLC
DATE OF HEARING:.....03/02/2011
TIME OF HEARING:.....09:00 A.M.

**"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO"**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE
ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265
TELEPHONE: (310) 393-5800
OWNER OF BUSINESS: MALIBU CAFE, LLC.
CAL. DR. LIC.# :
NAME OF PERSON FINGERPRINTED:
FICTITIOUS NAME: MALIBU INN
MAILING ADDRESS: 1541 OCEAN AVE., SANTA MONICA, CA 90401
DATE THAT YOU STARTED BUSINESS:
PREVIOUS OWNER'S NAME, IF KNOWN:
THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	01/05/11	
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/09/09	
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	01/12/11	
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	01/05/11	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	01/27/11	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/16/09	

Conditions:



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 393-5800

OWNER OF BUSINESS: MALIBU CAFE, LLC.

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MALIBU INN

MAILING ADDRESS: 1541 OCEAN AVE., SANTA MONICA, CA 90401

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	01/05/11	
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/09/09	
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	01/12/11	
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	01/05/11	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	01/27/11	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/16/09	

Conditions:

TREASURER AND TAX COLLECTOR
APPLICATION FOR BUSINESS LICENSE

FEE \$ _____

I.D.# 136129

TYPE OF BUSINESS _____

⁰⁹²⁸ Coin Game ^{x4} Entertainment w/ Dance, Public Eating ²⁸⁰⁹

ADDRESS OF BUSINESS 22969 Pacific Coast Highway

Malibu, CA 90265

BUS. PHONE# (310) 393-5800

"DBA" Malibu Inn

APPLICANT(S) FULL NAME Kambiz Hakim

HOME ADDRESS 1541 Ocean Ave, Santa Monica, CA 90401

MAILING ADDRESS _____

HOME PHONE # (310) 393-5800

SS# _____

T. BD. OF EQUAL.# _____

PLACE OF BIRTH _____

DATE OF BIRTH _____

DRIVER'S LIC.# _____

EXP. DT _____

EX _____

HT 5'4"

WT 145

EYES BRN

HAIR GRY

"CORPORATION STATUS"

ACT CORPORATE NAME Malibu Cafe, LLC

DATE OF INCORPORATION 5-7-09

INCORPORATED IN STATE OF CA

NAMES OF OFFICERS

ADDRESSES

TITLES

Kambiz Hakim

1541 Ocean Ave, Santa

Monica CA
90401

Managing Member

Information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of license applied for, I agree; to submit any additional information that may be required; to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks or equipment that may be in connection therewith, in conformance with all applicable laws, ordinances and regulations.

E 5-15-09 APPLICANT'S SIGNATURE _____

LOCATION TAKEN BY: D.D.

DATE 5/15/09



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

BUSINESS, PUBLIC HEALTH LICENSE SECTION
225 NORTH HILL STREET, ROOM 109
P.O. BOX 54970
LOS ANGELES, CALIFORNIA 90054-0970



Dear Business License Applicant:

Section 7.04.145 of the Los Angeles County Business License Ordinance requires that every person subject to the Ordinance shall make a written promise to make a reasonable effort to maintain the premises of their business free from graffiti, as defined in Section 13.12.020 of the County Code.

The Tax Collector is authorized to refuse to issue or to renew a license if an applicant refuses to make or fails to abide by such written promise.

In order for your Business License application or renewal application to be processed, please complete and return the following promise in the enclosed return envelope. Your license cannot be issued until it is received.

I, ELIZABETH PATRICKSON declare that I am the owner of a business operating within the Los Angeles County territory. I am aware of the provisions of County Code Section 7.04.145 which requires the owners and managers of all businesses to maintain their business premises free from graffiti. Pursuant to such provisions, I promise to make all reasonable efforts to keep my business premises free from graffiti. I understand that a failure to abide by this promise may result in the Tax Collector's refusal to issue or renew any business license obtained pursuant to Title 7 of the County Code.

Date: _____

Declarant: [Signature]

Business Name: Malibu Inn

Business Address: 22969 Pacific Coast Hwy

Malibu, CA 90265

MALIBU CAFÉ, LLC
1541 Ocean Avenue, Suite 200
Santa Monica, CA 90401

May 13, 2009

County Ethics Commission
201 N. Los Angeles Street
L.A. Mall, Suite 2
Los Angeles, CA 90012

RE: 22969 Pacific Coast Highway, Malibu, CA 90265 / Malibu Café, LLC

To Whom It May Concern:

This letter authorizes the Elizabeth Peterson Group, Inc. to act as our representative of the proposed property entitlements at the above referenced location that is being considered by the County of Los Angeles.

Questions about this authorization should be directed to me (310) 393-5800.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Hakim', followed by a long horizontal line.

Kambiz Hakim, Managing Member



State of California
Secretary of State

File # 200912810287

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

MAY - 7 2009

LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION

A \$70.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name with the words "Limited Liability Company," "Ltd. Liability Co.," or the abbreviations "LLC" or "L.L.C.")

1. NAME OF LIMITED LIABILITY COMPANY

MALIBU CAFE LLC

PURPOSE (The following statement is required by statute and may not be altered.)

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and item 3 must be completed (leave item 4 blank).)

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

KAMBIZ HAKIM

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY

1541 OCEAN AVE #200

SANTA MONICA

STATE ZIP CODE

CA

90401

MANAGEMENT (Check only one)

5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

☒ ONE MANAGER

☐ MORE THAN ONE MANAGER

☐ ALL LIMITED LIABILITY COMPANY MEMBER(S)

ADDITIONAL INFORMATION

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

EXECUTION

7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

Julie Reeve
SIGNATURE OF ORGANIZER

05/07/2009

DATE

Julie Reeve

TYPE OR PRINT NAME OF ORGANIZER

RETURN TO (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned)

8. NAME

FIRM

ADDRESS

CITY/STATE/ZIP



LLC-1 (REV 03/2005)

APPROVED BY SECRETARY OF STATE



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 393-5800

OWNER OF BUSINESS: MALIBU CAFE, LLC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MALIBU INN

MAILING ADDRESS: 1541 OCEAN AVE., SANTA MONICA, CA 90401

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

TREASURER & TAX COLLECTOR
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. 2809

DATE 01/05/11

IDENTIFICATION NUMBER 136129



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 393-5800

OWNER OF BUSINESS: MALIBU CAFE, LLC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MALIBU INN

MAILING ADDRESS: 1541 OCEAN AVE., SANTA MONICA, CA 90401

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**TREASURER & TAX COLLECTOR
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 12/4/10

12/17/2010 10:05 FAX 213 633 5427

LACO TAX COLLECTOR BUZ

005/008

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 393-5800

OWNER OF BUSINESS: MALIBU CAFE, LLC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MALIBU INN

MAILING ADDRESS: 1541 OCEAN AVE., SANTA MONICA, CA 90401

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

23815 Stuart Ranch Road • Malibu, CA 90265-4861
(310) 456-2489 ext. 276 Fax (310) 456-7650
www.ci.malibu.ca.us • E-mail: stannier@ci.malibu.ca.us



Stephanie Danner
Senior Planner

REGIONAL PLANNING~~LA COUNTY~~ Malibu☒ APPROVAL☐ DENIAL

RECOMMENDATION:

On Nov. 22, 2010, the Malibu City
Council approved CUP No. 09-009 which
permitted this use.

SIGNATURE

DATE:

Dec. 22, 2010

BASIC LICENSE NO. 2020

DATE 12/16/10

IDENTIFICATION NUMBER 136129

12/17/2010 10:04 FAX 213 833 5427

LACO TAX COLLECTOR BUZ

003/008

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90263

TELEPHONE: (310) 393-5800

OWNER OF BUSINESS: MALIBU CAFE, LLC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MALIBU INN

MAILING ADDRESS: 1541 OCEAN AVE., SANTA MONICA, CA 90401

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING~~LA COUNTY~~ MALIBU☒ APPROVAL☐ DENIAL

RECOMMENDATION:

On Nov. 22, 2010, the Malibu City
Council approved CUP 09-009 which
permitted this use.

SIGNATURE:

Stephanie Denner

DATE:

Dec. 22, 2010

BASIC LICENSE NO. 2809

DATE 12/16/10

IDENTIFICATION NUMBER 136129

12/17/2010 10:05 FAX 213 633 5427

LACO TAX COLLECTOR 8UZ

008/008

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ANNUAL DANCE.

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 393-5800

OWNER OF BUSINESS: MALIBU CAFE, LLC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MALIBU INN

MAILING ADDRESS: 1541 OCEAN AVE., SANTA MONICA, CA 90401

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

23815 Stuart Ranch Road • Malibu, CA 90265-4861
(310) 456-2489 ext. 229 • fax (310) 456-7650
www.ci.malibu.ca.us • E-mail: cgeorge@ci.malibu.ca.us



Craig George
Division Manager
Environmental & Building Safety
Deputy Building Official

**BUILDING & SAFETY
LA COUNTY****MALIBU**☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 12/22/10

BASIC LICENSE NO. 2020

DATE 12/16/10

IDENTIFICATION NUMBER 136129

12/17/2010 10:04 FAX 213 633 5427

LACO TAX COLLECTOR BUZ

004/006

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 393-5800

OWNER OF BUSINESS: MALIBU CAFE, LLC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MALIBU INN

MAILING ADDRESS: 1541 OCEAN AVE., SANTA MONICA, CA 90401

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY~~LA COUNTY~~ malibu☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 12/22/10

BASIC LICENSE NO. 2809

DATE 12/16/10

IDENTIFICATION NUMBER 136129

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

09-01094

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU INN, CA 90265

TELEPHONE: (310) 393-5800

OWNER OF BUSINESS: MALIBU CAFE, LLC

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MALIBU INN

MAILING ADDRESS: 1541 OCEAN AVE., SANTA MONICA, CA 90401

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: ..

SIGNATURE: _____

DATE: _____

10/15/09

BASIC LICENSE NO. 2020

DATE 05/19/09

IDENTIFICATION NUMBER 136129

E.H.

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

09-01096

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE

ADDRESS OF BUSINESS: 22969 PACIFIC COAST HWY, MALIBU INN, CA 90265

TELEPHONE: (310) 393-5800

OWNER OF BUSINESS: MALIBU CAFE, LLC

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MALIBU INN

MAILING ADDRESS: 1541 OCEAN AVE., SANTA MONICA, CA 90401

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: _____

[Signature]

DATE: _____

11/30/09

BASIC LICENSE NO. 2809

DATE 05/19/09

IDENTIFICATION NUMBER 136129

G.H.